



PATIENT	PRESENTING CLINICAL SIGNS
Luna Hastings	History: Decreased appetite, snapping, abd pain, concern for FB vs gastritis. Current meds: Zonisamide, Trazodone, Gabapentin. U/S sedation-Torb Abnormal PE/Chem/CBC/UA Results: WNL incl. cpl and 4dx
SPECIES	
Canine	ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN
BREED	Urinary System
German Shepherd	The urinary bladder , trigone, and pelvic urethra presented normal thicknesses and normal tone. The pelvic urethra was imaged 3.0 cm beyond the cystourethral junction and appeared normal. The ureters were not visible which is normal. The bladder presented dependent debris. No evidence of inflammatory or neoplastic changes was noted. Ureteral papillae were normal.
SEX	
Female	The kidneys revealed normal size and structure, corticomedullary definition and ratio for this age. The cortices presented largely uniform texture with normal echogenic relationship to liver and spleen. Medullary structure differed distinctly from the cortex and no evidence of pelvic dilation was present. The capsules were acceptably uniform without significant irregularities. The right kidney measured 4.6 cm. The left kidney measured 4.7 cm.
AGE	
7 years	
WEIGHT	Adrenal Glands
60.5 lbs	Both adrenal glands were visualized and recognized as having normal shape, size, position and echogenicity for this breed. The phrenic vasculature, glandular echogenicity and detail were unremarkable. Capsule, cortex, and medullary definition were normal for this age patient. The left adrenal gland measured 2.07 x 0.42 cm at the cranial pole and 0.54 cm at the caudal pole. The right adrenal gland measured 1.97 x 0.61 cm at the cranial pole and 0.58 cm at the caudal pole.
INTERPRETED BY	Spleen
Eric Lindquist, DMV DABVP, Cert. IVUSS	The spleen in this patient was mildly enlarged with uniform parenchyma and was folded upon itself. This is a positional variant and is not pathological. There was no evidence of significant disease.
IMAGING PERFORMED BY	
Shari Reffi, CVT	Liver
HOSPITAL NAME	The liver images submitted revealed subjectively normal liver size, contour, and structure. Parenchymal echogenicity was naturally coarse and hypoechoic to the spleen. Vascular and biliary tracts were of normal volume with no evidence of congestion. The gallbladder presented acceptably thin walls with primarily anechoic content. The cystic and common bile ducts were normal. No pathological hepatic lymphadenopathy was evident. No overt structural evidence of inflammatory, infiltrative or regenerative pathology was evident.
Rockaway AH	
REFERRING VET	
Dr. Ascot	
INVOICE	
32065	
DATE	
7/29/22	



PATIENT

Gastrointestinal

Luna Hastings

Examination of the **gastrointestinal tract** revealed a stomach and intestine free of stasis, of normal wall thickness, acceptable curvilinear mural detail, and peristaltic activity. Small and large intestine demonstrated normal luminal chyme and stool consistency respectively. No obstructive or overt infiltrative disease was noted. No associated abnormal lymphatic activity was noted.

SPECIES

Canine

BREED

German Shepherd

Pancreas

The base and limbs of the **pancreas** were observed to be largely isoechoic to surrounding omental fat. Pancreatic duct and capsular contour were acceptably normal and parenchyma respected normal curvilinear patterns. No overt evidence of active inflammatory or neoplastic disease was noted.

SEX

Female

ULTRASONOGRAPHIC FINDINGS

Structurally unremarkable abdomen with minor bladder debris.

AGE

7 years

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Urinary work-up is warranted. Otherwise, there was no evidence of GI or other pathology.

WEIGHT

60.5 lbs

INTERPRETED BY

Eric Lindquist, DMV
DABVP, Cert. IVUSS

IMAGING PERFORMED BY

Shari Reffi, CVT

HOSPITAL NAME

Rockaway AH

REFERRING VET

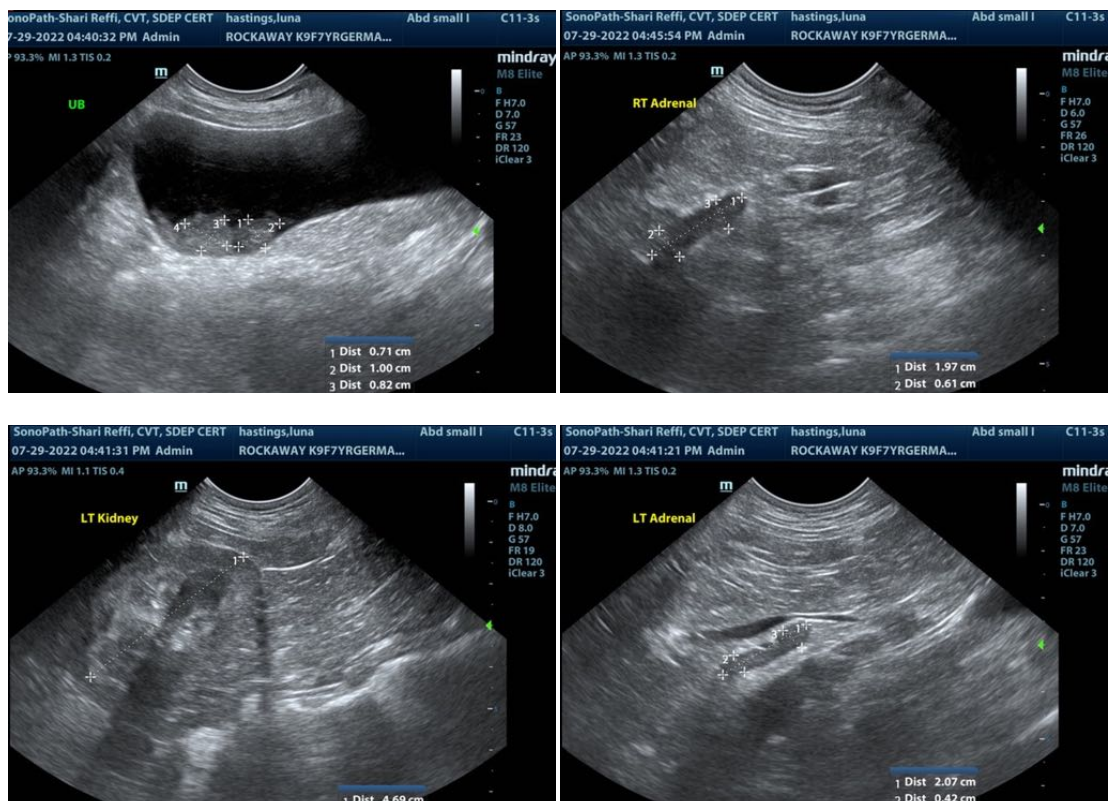
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PATIENT

Luna Hastings

SPECIES

Canine

BREED

German Shepherd

SEX

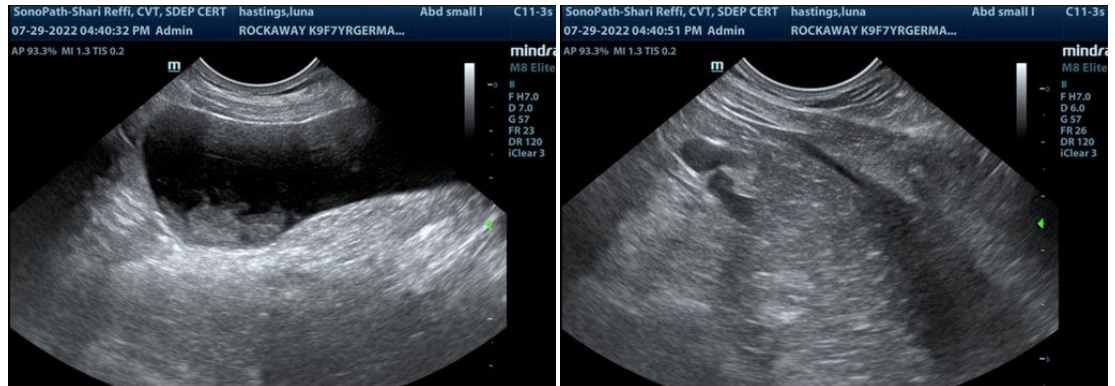
Female

AGE

7 years

WEIGHT

60.5 lbs



INTERPRETED BY

Eric Lindquist, DMV
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

Thank you for this referral. If the clinical or image interpretation does not parallel your findings or if I can be of any further assistance please contact me.

Eric Lindquist, DMV, DABVP, Cert. IVUSS, CEO of SonoPath.com
Info@SonoPath.com